



The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

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www.mass.gov/dps

Elevator Inspection Fee Financial Hardship Waiver Request Form

The Department of Public Safety has the authority to waive fees for the inspection of elevators when such fee would present a financial hardship to the owner of the elevator. To apply for a financial hardship waiver, please complete this form and attach documents demonstrating the financial hardship. The Department reserves the right to request further documentation to support an elevator inspection fee waiver request. Decisions are made on a case by case basis.

Background Information:

NAME OF ELEVATOR OWNER:

PRIMARY TEL.#: _____

ADDRESS:

CITY/TOWN: _____ ZIP: _____

E-MAIL ADDRESS: _____

ELEVATOR TAG NUMBER: _____

LOCATION OF ELEVATOR:

A person or entity that is able to demonstrate a financial hardship may be eligible for a waiver of an elevator inspection fee. Please provide a description of the circumstances that you believe warrant an elevator inspection fee waiver (attach additional pages if necessary):

Please provide the following information and attach documents demonstrating financial hardship:

Individual:

1. Household Gross Yearly Income (include all household members):

_____ (Source/Amount)

_____ (Source/Amount)

Number of Household Members: _____

Combined Household Gross Income: _____

2. Total Assessed Value of the Property Containing the Elevator: _____

3. Total estimated costs or fees associated with the elevator: _____

☐ Financial Hardship Documentation (e.g. tax returns, such as a Form 1040 or a wage statement such as a W-2).

☐ Documentation regarding other costs or fees associated with the repair or installation of the elevator.

Organization/Association/Non-Profit:

1. Annual Operating Budget: _____

2. Annual Revenue: _____

3. Total Assessed Value of the Property Containing the Elevator: _____

4. Total estimated costs or fees associated with the elevator: _____

☐ Financial Hardship Documentation (e.g. tax returns, such as a Form 1120, 1065, or 990 or an income statement).

☐ Documentation regarding other costs or fees associated with the repair or installation of the elevator.

VERIFICATION

I hereby swear, under the pains and penalties of perjury, that all information set forth on this application and submitted in support hereof is true and accurate to the best of my knowledge.

Signature of applicant

Date

Name of applicant (printed)

Position in company held by applicant (if applicable)

Mail or hand-deliver the complete application packet to:

**Department of Public Safety
Attn: Beth D. McLaughlin, Chief of Staff/General Counsel
One Ashburton Place, Room 1301
Boston, MA 02108**

For Department Use Only

☐ Approved

☐ Denied

Approved/Denied By: _____

Waiver Approved on: ____/____/____